

STATE OF WASHINGTON DEPARTMENT OF NATURAL RESOURCES
Fire Duty Assignment Extension Request Instructions

In accordance with Policy PO02-002 Wildland Fire Suppression Safety, and the DNR master Collective Bargaining Agreements, the safety of all personnel during wildfire suppression is the department's highest priority. Personnel must be scheduled for rest. After 10 consecutive days away from their duty station without directed rest, personnel will be scheduled to be unavailable for work assignments for 24 hours.

The following applies to **all employees** on fire duty: (Or any incident managed under the Incident Command System)

A rest and recuperation period will be scheduled after the 10th but no later than the 14th consecutive day on fire duty away from the employee's duty station. Up to 48 hours of travel to and 48 hours from the incident are excluded in counting consecutive days of incident. When authorized a rest and recuperation period, the employee will be unavailable for work assignments for a 24-hour period. During a rest and recuperation period, the employee is authorized 8 hours of paid miscellaneous leave (10 hours for an employee whose normal work schedule is a 4 – 10 schedule). Miscellaneous paid leave, like all other forms of paid leave, is paid at the regular rate of pay, not the overtime rate of pay.

In keeping with DNR practice, all of the following must agree before an extension is approved:

- The employee;
- The Region or Division Manager responsible for the employee; and
- The Resource Protection Division Manager.

Extension approvals shall include scheduling and rest and recuperation miscellaneous leave that is still to be taken at the earliest opportunity in compliance with safety and scheduling considerations.

Extension Request Instructions for DNR Employees:

1. Incident staff completes top portion of the form on page 2.
2. Employee signs and indicates approval or disapproval.
3. Incident Commander signs and indicates approval or disapproval.
4. All DNR employee Extension Request forms page 2 will be faxed from the incident to the DNR Emergency Coordination Center (DNR-ECC) in Olympia. Fax: **(360) 902-1781**
5. Olympia DNR-ECC will forward the Extension Request forms via fax to the appropriate Region and/or Division Managers for decision and signature as soon as they are received. DNR-ECC will follow-up the fax with a phone notification to the Region and/or Division Managers.
6. Region or Division Managers may place conditions on the Extension Request form, indicate approval or disapproval, sign where indicated and return the form via fax to the DNR-ECC within one day.
7. DNR-ECC will deliver the Extension Requests to the Resource Protection Division Manager for decision and signature.
8. When appropriate signature authority has been obtained DNR-ECC will forward the Extension Request forms via fax to the Incident.

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Fire Duty Assignment Extension Request

Date: _____ **Time:** _____ **Incident Fax #:** _____

_____ is assigned as a _____ on the _____
(DNR employee) (ICS position) (Incident Name)
incident. **I request that his or her assignment be extended to a maximum of ____ working days**
(including applicable rest & recuperation leave, but excluding travel) for the following reasons:

- ☐ Life and property are imminently threatened.
- ☐ Suppression objectives are close to being met.
- ☐ Replacement resources are unavailable or have not yet arrived.
- ☐ Other _____

_____ has informed me that he or she is willing to accept the extension.
(DNR employee)

If the extension is granted, his or her final day on the incident (prior to travel) is expected to be

_____. His or her rest & recuperation day was taken/will be taken on
(Date) (circle appropriate phrase)

_____.
(Date)

Please consider this request, indicate your approval/disapproval, and return this form by facsimile to _____ at _____.
(Incident contact person) (fax number)

SIGNATURES:

	Approve	Disapprove	Printed Name	Signature
DNR Employee:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Incident Commander	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
DNR Region or Division Manager	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
DNR Resource Protection Division Manager	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

For reference, refer to WFSE 2005-2007 Master Collective Bargaining Agreement, Appendix M, Wild Fire Suppression And Other Emergency Duties and WPEA 2005-2007 Master Collective Bargaining Agreement, Section 18.6, Article 18, Wildfire Suppression And Other Emergency Duty